

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Sam</i>		<i>10/6/99</i>
O.I.P.E. CLASSIFIER			<i>11/10/99</i>
FORMALITY REVIEW	<i>DMK</i>	<i>69169</i>	<i>10-19-99</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	10/25/99
2	✓	✓	4/25/02
3	✓	✓	3/11/03
4	✓	✓	9/10/07
5	✓	✓	5/4/05
6	✓	✓	
7	✓	✓	
8	✓	✓	
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47	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	2/11/07
52	✓	✓	9/4/06
53	✓	✓	3/1/06
54	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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Best Available Copy